



Site Plan Revision Application Consolidated/Non-Consolidated

DevelopmentATX.com | Phone: 311 (or 512-974-2000 outside Austin)
For submittal and fee information, see austintexas.gov/digitaldevelopment

PURPOSE: This application is for obtaining a review of a revision to a consolidated or non-consolidated site plan. Please visit <http://www.austintexas.gov/page/land-use-applications#site> for the following information: See Site Plan Revision Overview and Review Procedures for site plan general information and review procedures; see Site Plan Revision Application Instructions for instructions on completing this application and submittal requirements.

This application is a fillable PDF that can be completed electronically. To ensure your information is saved, [click here to Save](#) the form to your computer, then open your copy and continue.

The Tab key may be used to navigate to each field; Shift + Tab moves to the previous field. The Enter key activates links, emails, and buttons. Use the Up & Down Arrow keys to scroll through drop-down lists and check boxes, and hit Enter to make a selection.

The application must be complete and accurate prior to submittal. ***If more space is required, please complete the last section as needed***, and check the Additional Space box at the top or end of this application.

All information is required (if applicable).

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Development Review Type: _____
Application Accepted By: _____
Application Type: _____
Case Manager: _____

Additional space was required to complete this application. I have completed the Additional Space section. (This check box is also at end of the application.)

Section 1: Project Information

Project Name: _____

Project Street Address (or range):

Zip: _____

Description of Proposed Development:

Provide either Legal Description or Subdivision Reference:

Legal Description:

Subdivision Reference

Name: _____

Block(s): _____ Lot(s): _____ Outlot: _____

Plat Book: _____ Page Number: _____

Document Number: _____ Case Number: _____

Deed Reference of Deed Conveying Property to the Present Owner

Volume: _____ Document Number: _____

Page(s): _____ Sq. Ft.: _____ or Acres: _____

Tax Parcel Number(s): _____

Section 2: Applicant/Agent Information

Applicant Name: _____

Firm: _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone 1: _____ Type 1:

Phone 2: _____ Type 2: Phone 3: _____ Type 3:

Section 3: Owner Information

Same as Applicant Owner Name: _____

Owner Signature: _____

Firm: _____

Owner Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone 1: _____ Type 1:

Phone 2: _____ Type 2: Phone 3: _____ Type 3:

Section 4: Engineer Information

Not Applicable Same as Applicant Name: _____

Firm: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone 1: _____ Type 1:

Phone 2: _____ Type 2: Phone 3: _____ Type 3:

Section 5: Other Professional/Trade Information

Not Applicable Same as Applicant Type:

Name: _____

Firm: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone 1: _____ Type 1:

Phone 2: _____ Type 2: Phone 3: _____ Type 3:

Section 6: Property Attributes

Is this a S.M.A.R.T. Housing Project? Yes No (If Yes, submit a copy of the Pre-Certification letter from Neighborhood Housing and Community Development.)

Smart Growth Zone -OR- Drinking Water Protection Zone

Watershed: Watershed Class:

In City of Austin Edwards Aquifer Recharge Zone? Yes No

Land Development Jurisdiction: Full-Purpose Limited-Purpose 2-Mile ETJ 5-Mile ETJ

Is your project subject to all current watershed protection regulations? Yes No

School District: _____

On a Hill Country Roadway? Yes No

Specify Hill Country Roadway: _____

Principal Street Type (Full-Purpose): Core Transit Corridor Urban Roadway
 Internal Circulation Route Suburban Roadway Hill Country Roadway Highway

In a Neighborhood Plan? Yes No

If Yes, name of Neighborhood Plan: _____

In a Transit-Oriented Development (TOD) District, the North Burnet/Gateway (NBG), the East Riverside Corridor (ERC), or Other? Yes No

If Yes, name of TOD, NBG, ERC, or Other: _____

Is a Vertical Mixed Use building proposed? Yes No

(See Site Plan Revision Application Instructions for important pre-submittal requirements.)

Electric Utility Provider: _____

Water Provider: _____

Wastewater Disposal Provider: _____

Section 7: Application Assessment

Is a Traffic Impact Analysis (TIA) required? Yes No (See Section 12: TIA Determination Worksheet.)

Is this use Conditional within the site's zoning district? Yes No

Has there been a Development Assessment? Yes No File Number: _____

Small Project? Yes No

Will all parking be located on site? Yes No (If No, an Off-Site/Shared Parking Application and fees are required.)

Shared parking? Yes No (If Yes, an Off-Site/Shared Parking Application and fees are required.)

Section 8: Site Area Information

Gross Site Area: Acres _____ -OR- Sq. Ft. _____

Net Site Area: Acres _____ -OR- Sq. Ft. _____

<u>EXISTING ZONING</u>	<u>EXISTING USE</u>	<u>TRACT #</u>	<u>ACRES / SQ FT</u>	<u>PROPOSED USE</u>
_____	_____	_____	_____ / _____	_____
_____	_____	_____	_____ / _____	_____
_____	_____	_____	_____ / _____	_____
_____	_____	_____	_____ / _____	_____

Existing Impervious Cover (%): _____ Proposed Impervious Cover (%): _____

Number of Newly Proposed Residential Units (if applicable): _____

Are any underground storage tanks existing or proposed? Yes No

Section 9: Related Cases

FILE NUMBERS

Zoning Case? Yes No

Restrictive Covenant? Yes No

Subdivision? Yes No

Land Status Report? Yes No

Existing Site Plan? Yes No

Section 10: Land Use Site Plan Data - as applicable

Subject to Compatibility Standards? Yes No

In Combining District/Overlay Zone? (NCCD, CVC, WO, AO, etc.): Yes No

If Yes, please specify: _____

Section 11: Waiver / Variance / Etc. - as applicable

Compatibility Standards Waiver - Section(s): _____

Driveway Spacing - Section(s): _____

Hill Country - Section(s): _____

Waterfront Overlay District - Section(s): _____

Environmental - Section(s): _____

Shared Parking Analysis Off-Site or Remote Parking

Detention Pond Waiver Alternative Landscape Compliance

Section 12: Traffic Impact Analysis (TIA) Determination Worksheet

Applicant must complete this worksheet.

Project Name: _____

Location: _____

Applicant: _____ Telephone No: _____

Application Status: Development Assessment Zoning Site Plan

EXISTING:

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Tract Number	Tract Acres	Bldg. Sq. Ft.	Zoning	Land Use	I.T.E. Code	Trip Rate	Trips Per Day

PROPOSED:

FOR OFFICE USE ONLY

Tract Number	Tract Acres	Bldg. Sq. Ft.	Zoning	Land Use	I.T.E. Code	Trip Rate	Trips Per Day

ABUTTING ROADWAYS:

FOR OFFICE USE ONLY

Street Name	Proposed Access?	Pavement Width	Classification

FOR OFFICE USE ONLY

A traffic impact analysis is required. The consultant preparing the study must meet with a Transportation planner to discuss the scope and requirements of the study before beginning the study.

A traffic impact analysis is NOT required. The traffic generated by the proposal does not exceed the thresholds established in the City of Austin Land Development Code.

The traffic impact analysis has been waived for the following reason:

A neighborhood traffic analysis will be performed by the City for this project. The applicant may have to collect existing traffic counts. See a Transportation planner for information.

Reviewed By: _____ Date: _____

Distribution: File Cap. Metro TxDOT DSD Travis Co. ATD Total Copies: _____

NOTE: A TIA Determination must be made prior to submittal of any Zoning or Site Plan application, therefore, this completed and reviewed worksheet MUST ACCOMPANY any subsequent application for the IDENTICAL project. CHANGES to the proposed project will REQUIRE a new TIA Determination.

Section 13: Submittal Verification

My signature attests to the fact that the attached application package is complete and accurate to the best of my knowledge. I understand that proper City staff review of this application is dependent upon the accuracy of the information provided and that any inaccurate or inadequate information provided by me/my firm/etc., may delay the proper review of this application.

Please type or print Name below Signature, and indicate Firm represented, if applicable:

Signature

Month

Day

Year

Name (Typed or Printed)

Firm

Section 14: Inspection Authorization

As owner or authorized agent, my signature authorizes staff to visit and inspect the property for which this application is being submitted.

Please type or print Name below Signature, and indicate Firm represented, if applicable:

Signature

Month

Day

Year

Name (Typed or Printed)

Firm

Section 15: Acknowledgment Form

I, _____ have checked for any information that may
(Printed Name of Applicant)

affect the review of this project, including but not limited to: subdivision plat notes, deed notes, deed restrictions, restrictive covenants, zoning conditional overlays, and/or Subchapter E design standards prohibiting certain uses and/or requiring certain development restrictions (height, access, screening, etc.) on this property, located at:

(Address or Legal Description):

If a conflict should result with the request I am submitting to the City of Austin due to any of the aforementioned information, it will be my responsibility to resolve it. I also acknowledge that I understand the implications of use and/or development restrictions that are a result of the aforementioned information.

I understand that if requested I must provide copies of any and all of the aforementioned information that may apply to this property.

Applicant's Signature

Month

Day

Year

For Submittal Requirements and Exhibits

Please see Site Plan Revision Application Instructions at
<http://www.austintexas.gov/page/land-use-applications#site>

